

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26376

3529

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Olathe</u>		d. If residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>538 Park</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Nicholson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-10-55</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-19-89</u>	
9. AGE (in years last birthday) <u>66</u>		10. MONTHS <u>66</u>		11. DAYS <u>66</u>		12. IF UNDER 24 HRS. Hours <u>66</u> Min. <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HYER Boot Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Love land Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Nicholson</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY SUE NICHOLSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>509-10-2559</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Sue Nicholson</u> ADDRESS <u>Olathe KS</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>11:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-9-55</u> , 19 <u>55</u> , to <u>8-10-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-10-55</u> , 19 <u>55</u> , and that death occurred at <u>11:45 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mark Dodge MD</u>				23b. ADDRESS <u>4635 Wyandotte KC Mo</u>		23c. DATE SIGNED <u>8-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Aubrey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Well, Jo Co. Kansas</u>	
DATE REC'D BY LOCAL REG. <u>8-11-55</u>		REGISTRAR'S SIGNATURE <u>Merna Munsell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Julien Funeral Home</u> ADDRESS <u>Olathe Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Chester L. Flaming

Licensed Embalmer No.....
456

P. O. Address.....
Olathe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.